

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002194

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 30 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN IndependenceLength of stay in 1b
40 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION D.O.A. Indep. Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY Jackson

c. CITY
OR TOWN Independence

Independence

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS 621 E. Kansas

(If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First MR. AUGUSTUS

Middle MAYFIELD

Last RILEY

4. DATE
OF DEATH

Month January

Day 20,

Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Nov. 16, 1895

66

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Office Manager

10b. KIND OF BUSINESS OR INDUSTRY

Cable Chevrolet

11. BIRTHPLACE (City and state or country)

Brunswick, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Noland Riley

13b. MOTHER'S MAIDEN NAME

Theodosia Britt

14. NAME OF HUSBAND OR WIFE

Elizabeth Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

(If yes, give war or dates of service)

Yes

W.W.#1

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Elizabeth Riley

Address

621 E. Kansas, Indep., Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Angina Pectoris

INTERVAL BETWEEN ONSET AND DEATH

17 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Month, Day, Year

Hour

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred atJuly 1945
12:30 p.m. Jan 20 1962

and last saw him alive on Nov 16 1961

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

M. J. Perry M.D.

315 Nichols Rd. Kansas City Mo

22 Jan 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan. 23, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Washington

23d. LOCATION (City, town, or county)

Independence, Missouri

24. FUNERAL DIRECTOR

ADDRESS

OTT & MITCHELL, Indep., Mo.

25. DATE RECD. BY LOCAL REG.

1-23-62

26. REGISTRAR'S SIGNATURE

Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

JAN 30 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3156

P. O. Address Indep No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.